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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br>(Only for new nonprovisional applications<br>under 37 CFR 1.53(b))  |  | Attorney Docket No. <b>9434</b>   |  |
|  |  | First Inventor <b>Edward Paul Carlin</b>  |  |
|  |  | Assignee <b>The Procter &amp; Gamble Company</b>  |  |
|  |  | Title <b>Tampon with Raised Portions</b>  |  |
|  |  | Express Mail Label No. <b>ER381979915US</b>   |  |
| <b>APPLICATION ELEMENTS</b><br>See MPEP Chapter 600 concerning utility patent application contents.  |  | ADDRESS TO: <b>Mail Stop Patent Application<br/>Commissioner for Patents<br/>P.O. Box 1450<br/>Alexandria, VA 22313-1450</b>  |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original, and a duplicate for fee processing)</i><br>2. <input checked="" type="checkbox"/> Specification <b>Total Pages [14]</b><br><i>(preferred arrangement set forth below)</i><br>- Descriptive Title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R&D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings <i>(if filed)</i><br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC §113) <b>Total Sheets [2]</b><br>4. Oath or Declaration <b>Total pages [1]</b><br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))<br><i>(for continuation/divisional with Box 17 complete)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).<br>5. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76 |  | 6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statement verifying identity of above copies  |  |
|  |  | <b>ACCOMPANYING APPLICATION PARTS</b><br>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i><br>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i><br>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449/SB08 Citations<br>12. <input type="checkbox"/> Preliminary Amendment<br>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i><br>14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i><br>15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.<br>16. <input type="checkbox"/> Other: ..... |  |
| 17. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR §1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>  /  </u><br>Prior application information: Examiner: _____ Art Unit: _____<br>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.   |  |   |  |
| <b>19. CORRESPONDENCE ADDRESS</b>  |  |   |  |
| <input checked="" type="checkbox"/> Customer Number  |  | (Insert Customer No. here)<br><b>27752</b>  |  |

|                   |                          |                                   |          |
|-------------------|--------------------------|-----------------------------------|----------|
| Name (Print/Type) | Bridget D. Ammons        | Registration No. (Attorney/Agent) | 52,555   |
| Signature         | <i>Bridget D. Ammons</i> | Date                              | 11/21/03 |

+ This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b><br>Patent fees are subject to annual revision. | <b>Complete if Known</b> |                                 |
|   | Application Number       | To Be Assigned                  |
|   | Confirmation Number      | To Be Assigned                  |
|   | Filing Date              | November 21, 2003               |
|   | First Named Inventor     | Edward Paul Carlin              |
|   | Examiner Name            | To Be Assigned                  |
|   | Art Unit                 | To Be Assigned                  |
| TOTAL AMOUNT OF PAYMENT (\$) <b>770.00</b>  |                          | Attorney Docket No. <b>9434</b> |

| <b>METHOD OF PAYMENT</b>   |  | <b>FEE CALCULATION (continued)</b>   |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|--|--|--|--------------------------|----------|------|-----------------|--------------------------|------|-----|--|--------------------------|------|---|--|--------------------------|---|---------------------|---------------------------|--------------------------|---|-------|--|--------------------------|----------------|----------|--|--------------------------|--------------------------|--------|---|--------------------------|--------------------------|-------|--|--------------------------|--------------------------|-------|--|--------------------------|------|---------------------------|--|--------------------------------------|------|---|--|--|------|--|--|--------------------------|----------------|-----|------------------|--------------------------|------|-----|--|--------------------------|------|-----|--------------------------|--------------------------|------|-------|---|--------------------------|------|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|--|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:<br><br>Deposit Account Number: <b>16-2480</b><br>Deposit Account Name: <b>The Procter &amp; Gamble Company</b>  |  | 3. <b>ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>420</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>950</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,480</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>2,010</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>330</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>330</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>290</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,330</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,330</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>480</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 C.F.R. 1.17(q)</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>770</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>770</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>770</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1330</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> </tbody> </table> |                          | Code     | (\$) | Fee Description | Fee Paid                 | 1051 | 130 | Surcharge-late filing fee or oath          | <input type="checkbox"/> | 1052 | 50  | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053  | 130                 | Non-English specification | <input type="checkbox"/> | 1812  | 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804           | 920*     | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 1805                     | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251                     | 110   | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252                     | 420   | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253 | 950                       | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/>             | 1254 | 1,480                                     | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/>                             | 1255 | 2,010  | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401           | 330 | Notice of Appeal | <input type="checkbox"/> | 1402 | 330 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 290 | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,330 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,330 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 480 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Processing fee under 37 C.F.R. 1.17(q) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 770 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 770 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 770 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1330 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> |
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| 1051   | 130  | Surcharge-late filing fee or oath  | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1052   | 50   | Surcharge-late provisional filing fee or cover sheet   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1053   | 130  | Non-English specification  | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1812   | 2,520  | For filing a request for <i>ex parte</i> reexamination   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1804   | 920*   | Requesting publication of SIR prior to Examiner's action   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
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| 1251   | 110  | Extension for reply within 1 <sup>st</sup> month   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1252   | 420  | Extension for reply within 2 <sup>nd</sup> month   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1253   | 950  | Extension for reply within 3 <sup>rd</sup> month   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1254   | 1,480  | Extension for reply within 4 <sup>th</sup> month   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1255   | 2,010  | Extension for reply within 5 <sup>th</sup> month   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1401   | 330  | Notice of Appeal   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1402   | 330  | Filing a brief in support of an appeal   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1403   | 290  | Request for oral hearing   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1451   | 1,510  | Petition to institute a public use proceeding  | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1452   | 110  | Petition to revive - unavoidable   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1453   | 1,330  | Petition to revive - unintentional   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1501   | 1,330  | Utility issue fee (or reissue)   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1502   | 480  | Design issue fee   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1460   | 130  | Petitions to the Commissioner  | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1807   | 50   | Processing fee under 37 C.F.R. 1.17(q)   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1806   | 180  | Submission of Information Disclosure Statement   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1809   | 770  | Filing a submission after final rejection (37 CFR § 1.129(a))  | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1810   | 770  | For each additional invention to be examined (37 CFR § 1.129(b))   | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1801   | 770  | Request for Continued Examination (RCE)  | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1802   | 900  | Request for expedited examination of a design application  | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1454   | 1330   | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)  | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____  |  |  | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____  |  |  | <input type="checkbox"/> |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>FEE CALCULATION</b><br>1. <b>BASIC FILING FEE – Large Entity</b><br><br><table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>Utility filing fee [770]</td></tr> <tr><td>1002</td><td>340</td><td>Design filing fee <input type="checkbox"/></td></tr> <tr><td>1004</td><td>770</td><td>Reissue filing fee <input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee <input type="checkbox"/></td></tr> <tr><td colspan="2"><b>SUBTOTAL (1)</b></td><td><b>(\$)[770]</b></td></tr> </tbody> </table> |  | Code (\$)  | Fee Description          | Fee Paid | 1001 | 770             | Utility filing fee [770] | 1002 | 340 | Design filing fee <input type="checkbox"/> | 1004                     | 770  | Reissue filing fee <input type="checkbox"/> | 1005   | 160                      | Provisional filing fee <input type="checkbox"/> | <b>SUBTOTAL (1)</b> |                           | <b>(\$)[770]</b>         | 2. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity</b><br><br><table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>[12] - 20** = [0] x</td><td><input type="checkbox"/></td><td>= [0]</td></tr> <tr><td>Independent Claims</td><td>[1] - 3** = [0] x</td><td><input type="checkbox"/></td><td>= [0]</td></tr> <tr><td>Multiple Dependent</td><td></td><td><input type="checkbox"/></td><td>= [0]</td></tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18 Claims in excess of 20</td></tr> <tr><td>1201</td><td>86 Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290 Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>86 **Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18 **Reissue claims in excess of 20 &amp; over original patent</td></tr> <tr><td colspan="2"><b>SUBTOTAL (2)</b></td><td><b>(\$)[ ]</b></td></tr> </tbody> </table> |       |  | Extra Claims             | Fee from Below | Fee Paid | Total Claims   | [12] - 20** = [0] x      | <input type="checkbox"/> | = [0]  | Independent Claims                                    | [1] - 3** = [0] x        | <input type="checkbox"/> | = [0] | Multiple Dependent                               |                          | <input type="checkbox"/> | = [0] | Code (\$)  | Fee Description          | 1202 | 18 Claims in excess of 20 | 1201   | 86 Independent claims in excess of 3 | 1203 | 290 Multiple dependent claim, if not paid | 1204   | 86 **Reissue independent claims over original patent | 1205 | 18 **Reissue claims in excess of 20 & over original patent | <b>SUBTOTAL (2)</b>                              |                          | <b>(\$)[ ]</b> |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code (\$)  | Fee Description  | Fee Paid   |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1001   | 770  | Utility filing fee [770]   |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1002   | 340  | Design filing fee <input type="checkbox"/>   |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1004   | 770  | Reissue filing fee <input type="checkbox"/>  |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1005   | 160  | Provisional filing fee <input type="checkbox"/>  |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (1)</b>  |  | <b>(\$)[770]</b>   |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|  | Extra Claims   | Fee from Below   | Fee Paid                 |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Total Claims   | [12] - 20** = [0] x  | <input type="checkbox"/>   | = [0]                    |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Independent Claims   | [1] - 3** = [0] x  | <input type="checkbox"/>   | = [0]                    |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Multiple Dependent   |  | <input type="checkbox"/>   | = [0]                    |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code (\$)  | Fee Description  |  |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1202   | 18 Claims in excess of 20                                  |  |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1201   | 86 Independent claims in excess of 3                       |  |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1203   | 290 Multiple dependent claim, if not paid                  |  |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1204   | 86 **Reissue independent claims over original patent       |  |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1205   | 18 **Reissue claims in excess of 20 & over original patent |  |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (2)</b>  |  | <b>(\$)[ ]</b>   |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (3)</b> <b>(\$)[ ]</b><br>* Reduced by Basic Filing Fee Paid   |  | <b>SUBTOTAL (3)</b> <b>(\$)[ ]</b>   |                          |          |      |                 |                          |      |     |  |                          |      |   |  |                          |   |                     |                           |                          |   |       |  |                          |                |          |  |                          |                          |        |   |                          |                          |       |  |                          |                          |       |  |                          |      |                           |  |                                      |      |   |  |  |      |  |  |                          |                |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |

|                     |                          |                                 |                       |
|---------------------|--------------------------|---------------------------------|-----------------------|
| <b>SUBMITTED BY</b> |                          | <b>Complete (if applicable)</b> |                       |
| Name (Print/Type)   | <b>Bridget D. Ammons</b> | Registration No.                | <b>52,555</b>         |
| Signature           | <i>Bridget D. Ammons</i> | (Attorney/Agent)                |                       |
|                     |                          | Telephone                       | <b>(513) 634-1873</b> |
|                     |                          | Date                            | <b>11/21/03</b>       |

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.